

OFFICE OF STATE FIRE MARSHAL  
BOILER SAFETY SECTION

FIRST INSPECTION REPORT - ALL BOILERS

This inspection is intended for your safety and the safety of the citizens of Florida. Your cooperation is greatly appreciated.

PLEASE PRINT

1	Date Inspected 05-12-16	Cert. Due Date 05-12-17	Cert. Posted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner No.	Jurisdiction No. FL - 003185	Other No. NB6142	<input checked="" type="checkbox"/> NB <input type="checkbox"/> MFG
2	Owner Baycare Health Systems Inc			Nature of Business Hospital		Kind of Insp. <input type="checkbox"/> Int. <input checked="" type="checkbox"/> Ext.	Cert. Insp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Owner's Address (Street or P.O. Box No.) 16255 Bay Vista Dr			Owner's City Clearwater		St. FL	Zip 33760
3	User Bardmoor Outpatient			Specific Location in Plant Operating Room		Object Location - County Pinellas	
	User's Address (Street or P.O. Box No.) 8787 Bryan Dairy Rd			User's City Largo		St. FL	Zip 33777
4	Type <input checked="" type="checkbox"/> Ft. <input type="checkbox"/> Wt. <input type="checkbox"/> Ct. <input type="checkbox"/> Coil <input type="checkbox"/> Pv <input type="checkbox"/> PWB <input type="checkbox"/> Other	Yr. Built 2014	Yr. Inst. 2014	Manufacturer Chromalox		<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	
5	Use <input type="checkbox"/> Power <input checked="" type="checkbox"/> Process <input type="checkbox"/> Steam Htg. <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> Storage <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Other	Fuel Electric	Method of Firing Electric		Pressure Gauge Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6	Pressure Allowed: This Insp. 100	Prev. Insp.	Safety Relief Valve Set At 100	Explain on Back of Form if Pres. Changed		Burner Input- BTU/HR 105,000	Object Capacity Temp. deg. F
7	Is Condition of Object such that a Certificate may be Issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, explain fully on back of Form. List any Code Violations		Hydrotest <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PSI	Date Manhole Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Shell or Drum No.	Diameter <input type="checkbox"/> I.D. <input type="checkbox"/> O.D. In.	Overall Length Ft. In.	Bill To: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> User	SRV Rel. Cap. Req'd. 105 LB/hr	Total HTG. Surface	KW Input-Elec. 30
9	Material-ASME Spec.	All. Stress - PSI	Thickness in.	Butt Strap - Thickness <input type="checkbox"/> Sngl. <input type="checkbox"/> Dbl. in.	Headers - WTBLR Tnks. in.	Type: <input type="checkbox"/> Box <input type="checkbox"/> Sinuous <input type="checkbox"/> Wtr. Wall <input type="checkbox"/> Other	
10	Type Longitudinal Seam <input type="checkbox"/> Lap <input type="checkbox"/> Butt <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Riveted	Riveted (Diam. Hole) in.		Pitch in. X in. X in.	Seam Eff. %		
11	Head Thickness	Head Type <input type="checkbox"/> Plus <input type="checkbox"/> Fixed <input type="checkbox"/> Movable <input type="checkbox"/> Minus <input type="checkbox"/> Flat <input type="checkbox"/> Quick Open	Rad. Dish in.	Elip. Ratio Bolting No.	In. Dia.	Bolting Material	
12	Tube Sheet Thickness in.	No. Tubes	Tube Description In. Dia. / Length	Pitch (Wt. BLRS) In.	Ligament Eff. %		
ASME							
13	Firtube Boilers		Distance Upper Tubes to She Front In./Rear In.	Stay Area Tubes (Front Head) Above Below	Stayed Area Tubes (Rear Head) Above Below		
	No. of Stays Above Tubes Front Rear		Type <input type="checkbox"/> Welded <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Weldless	Area of Stays Front Rear			
	No. of Stays Below Tubes Front Rear		Type <input type="checkbox"/> Welded <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Weldless	Area of Stays Front Rear			
14	Type Furnace <input type="checkbox"/> Adamson (No. Sect. ) <input type="checkbox"/> Corrugated <input type="checkbox"/> Plain <input type="checkbox"/> Other	Thickness In.	Total Length Ft. In.	Type Long. Seam <input type="checkbox"/> Welded <input type="checkbox"/> Riveted <input type="checkbox"/> Seamless			
15	Type Staybolts <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Hollow <input type="checkbox"/> Drilled (Size Hole In.)	Diameter In.	Pitch In.	In.	Net Area Sq. In.		
16	Safety - Relief Valves No. 1 Size 1/2"	Total Capacity Provided 423	<input checked="" type="checkbox"/> Lb./Hr. Stm <input type="checkbox"/> BTU/Hr. <input type="checkbox"/> CFM	Discharge Sizes 3/4 In.	Properly Drained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Output at Boiler Nozzle 94,500 BTU/HR	
17	Piping Steam Lines	No. Stop Valves Req'd Installed	FBD <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly Supported <input type="checkbox"/> Yes <input type="checkbox"/> No	Freedom for Expansion <input type="checkbox"/> Yes <input type="checkbox"/> No	Steam Lines Properly Drained <input type="checkbox"/> Yes <input type="checkbox"/> No	Insp. Openings Comply with Code? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Boiler Feed- Water Line	Size 1/2" In.	Feed Appliances No. 1	Type Drive <input type="checkbox"/> Steam <input type="checkbox"/> Motor	Stop Valve <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve <input type="checkbox"/> Yes <input type="checkbox"/> No	Return Lines <input type="checkbox"/> Yes <input type="checkbox"/> No
19	No. of Water Gauges	No. of Try Cocks	Blow Off Pipe Size In.	Blow Off Pipe Location	Lwco Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Properly Drained <input type="checkbox"/> Yes <input type="checkbox"/> No
20	Cast Iron Blrs.	Length In./	Width In./	Height In./	No. Sections	Does Welding on Steam, Blow Off and Other Piping comply with Codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21	Show all Code Stamping on Back Form. Give Details - Use Sketch for Special Objects Not Covered above - Double Wall Vessels, etc...			Does All Material, Other than Indicated Above, Comply With Code. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If no, Explain on Back of Form
22	Name and Title of Person to Whom Requirements Were Explained: Dick Frederick			Explain ALL Negative Responses in Full on Back of Form			
23	I Hereby Certify that this is a true report of my Inspection Print or Type name of Inspector Jason Jankowski - Hartford Steam Boiler						
24	Signature of Inspector						ID No. 1489

Additional Information and Other Conditions and Requirements  
May Be Recorded on This Side.

Manufacturer's / installing contractor's report for ASME CSD-1 has not been signed by installer. REF CSD-1  
Boiler has not been offered for internal inspection. F.S. 554.108(3)(a)

NB 6142

CERTIFIED BY: CHROMALOX INC.

MAWP: (\_\_\_\_ KPA) MAWP: 100 PSI

MAX. DESIGNED STEAMING CAP: 105 LB/HR

YEAR BUILT: 2014

SERIAL NO. 46142

CRN: K2320.53462Y17T890

CHROMALOX INC.

CARR. NAC. Km. 8.5 LOTE #6 MOD. IND.

MERICA NUEVO LAREDO TAMPS. CP 8827